

Texas Board of Nursing Bulletin

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If there is one thing Texas is known for, it is large scale disasters. We have floods, tornadoes, wildfires, and hurricanes that rival any in the country. The way Texas prepares and responds also rivals any other state in the country. Texas has a very responsive system and nurses need to know how that system works and their role in response. As part of this response system, Texas has a State Medical Operations Center that is the responsibility of the Department of State Health Services (DSHS) and assists in acquiring and deploying medical resources in response to requests for assistance.

The public expects healthcare professionals, nurses in particular, to know what to do and that nurses will make the right decisions to keep individuals, families, and communities safe during a disaster. This expectation of public protection carries the responsibility for nurses to uphold the standards of nursing practice. Nurses should be prepared, know how to respond, and know what to expect. Nurses have a civic responsibility and a duty to respond to relieve pain and suffering.

To meet this responsibility, three things have to happen:

1. **Be prepared;**
2. **Know the facility plan, including the nurse's role in that plan; and**
3. **Know what to expect and how to respond.**

Being prepared means having a plan that addresses how the nurse should respond and how the nurse's family is cared for in the nurse's absence. The nurse should develop a plan that works for his/her family and practice it. Each family member should

know what to do, where to go, and who to call. Resources for developing a personal preparedness plan are available on the DSHS website at: <https://texasprepares.org/>. The nurse needs to be prepared to depart quickly. It is recommended that at least one week's supply of food be kept. Additionally, the nurse should have a back pack already packed with essentials to last up to a week that can be accessed immediately. The nurse should be very familiar with the route along with alternate routes to the reporting area.

Responding during a disaster will not be business as usual. Nurses need to be prepared to work with limited resources and make decisions on how best to use them to maximize benefits for patients. Nurses may be in an alternate care facility because the primary facility has been damaged and is not functional. Nurses may be working with limited power, no water, no waste disposal system, and limited communications capability. Staffing may be limited for a period of time due to the impact of the disaster and the response time of those coming to help. Local emergency management will be working to provide essentials for responders to carry out their responsibilities.



Nurses who want to help need to know what is needed, where it is needed, and for how long. Just showing up without a clear plan can create confusion and complicate the disaster response. Nurses can contribute to an effective response by registering ahead of time on the Texas Disaster Volunteer Registry (<https://texasdisastervolunteerregistry.org/>). The Texas Disaster Volunteer Registry allows volunteers to be pre-credentialed so that volunteer alerts, activations, and deployments can be coordinated. Once registered, nurses should watch for notices that help is needed, where and what type, and how to reply to the request. Nurses should notify their facility if they are willing to help and/or willing to back fill staffing within the facility when others have been deployed. Nurses responding from another state who do not hold a Texas license or a compact privilege to practice in Tex-

as should learn the process that the Texas Board of Nursing (Board) has established to expedite the license verification process related to working in Texas in a disaster. The Board will post alerts related to licensing verification on its home page at: www.bon.texas.gov.

Nurses are an integral component of a successful disaster response. First, nurses need to be prepared and ready. Second, nurses need to know their responsibility to their facility and what their role is. Resources will be limited. Third, nurses should know what to expect including: how to find out if nurses are needed, what areas of specialty are needed, where and for how long assistance is needed, and how to reply to requests for help. That way, nurses who are called to respond will be of great assistance to the community they will be serving. Nurses are called to respond and have a civic duty to do so. Nurses have the specialized knowledge, skills, and abilities to relieve pain and suffering during a disaster. That is why nurses are such a valuable resource in times of disaster.

Mr. Hilliard has an avid interest in nursing disaster preparedness and represents the Texas Nurses Association on the Texas Preparedness Coordinating Council with the Department of State Health Services.

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Scope of APRN Practice and Practice Settings

The Nursing Practice Act and Texas Board of Nursing (Board) rules are written broadly to apply to all nurses, including advanced practice registered nurses (APRNs), across all practice settings. Neither are prescriptive to specific tasks or services APRNs may perform or provide. Likewise, they do not address specific practice settings for specific categories of APRNs. Scope of practice is not specific to a practice setting; rather, it is determined by the patient's condition and patient care needs at the time services are provided. Board Rules 221.12 and 221.13 clarify that education is the foundation for determining APRN scope of practice.

When making scope of practice determinations, it is important to consider the patient's condition and patient care needs. Primary care educated APRNs may provide care in the acute care setting for patients with similar patient care needs, diseases, and conditions to those they diagnose and manage in the outpatient setting. For example, a family nurse practitioner may be part of a group practice in a specialty such as orthopedics or palliative care and required to round in an inpatient setting in collaboration with the delegating physician. There is nothing in the Nursing Practice Act or Board rules that prohibits this practice provided management of the patient's condition is within the scope of the APRN's educational preparation.

Although the Board grants APRN licensure titles that are consistent with the National Council of State Boards of Nursing *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, & Education (Consensus Model)*, it is important to remember that there are APRNs who have been grand-parented under Board Rules. For example, an individual who is licensed as an adult nurse practitioner rather than an adult/gerontology nurse practitioner is still permitted to provide care to geriatric patients based on education in adult health. When reading the *Consensus Model*, it is important to bear in mind that it contemplates licensure and education based on an APRN role and a population focus. Nothing in the *Consensus Model* requires scope of practice be specific to a practice setting.

APNAC Completes Recommendations for Rules 222 and 228

The Advanced Practice Nursing Advisory Committee (APNAC) met in Austin on May 9, 2018. James Walker, DNP, CRNA, FNAP, FAAN was re-elected as the chairperson. The APNAC completed work on their charges from the Board to include recommendations for amendments to Rules 222 and Rule 228 to comply with requirements for checking the prescription monitoring program that will take effect in 2019. Recommendations for guidelines related to the safe prescribing of certain controlled substances as required by House Bill 2561 were also agreed upon. The committee continued its work from the Board's prior charge regarding review of Rule 221 and made recommendations for amendments to sections 221.2 through 221.11. The APNAC's recommendations on each of these charges will be presented for the Board's consideration at the July 2018 Board meeting.

NPAC Recommends Revisions to the Continuing Competency Rule

The Nursing Practice Advisory Committee (NPAC) examines issues that affect the practice of nursing and advises the Board concerning such issues. At the April 2018 Board Meeting, the Board charged NPAC to review and make recommendations regarding Board Rule 216, Continuing Competency. This charge was based on a request from the Texas Nurses Association concerning Continuing Nursing Education (CNE) activities focused on changes in attitude, self-therapy, and self-awareness, that are based on evidence with a demonstrated direct or indirect impact on patient outcomes, be made acceptable as CNE for purposes of licensure renewal. The Board has had a CNE requirement for nurses to renew their licenses since 1991. Board Rule 216 provides information concerning which topics are acceptable for CNE as well as a list of activities that are not acceptable as continuing education (22 Texas Administrative Code §216.6).

NPAC met on May 7, 2018, to review and consider proposed revisions to Board Rule 216 drafted by Board staff in response to the Board's charge. At the meeting's conclusion, the committee voted unanimously to recommend revisions to Board Rule 216 to the Board during the July 2018 Board Meeting. The proposed revisions to the Continuing Competency Rule focus on: the addition of several terms as well as modification of existing terms in the definitions section [22 TAC §216.1]; inclusion of courses that focus upon self-improvement, changes in attitude, self-therapy, and self-awareness, that delineate the impact on nursing practice or improved patient outcomes, as acceptable topics for CNE; broadening of the acceptable content for the Older Adult/Geriatric Care targeted continuing education requirement; and numerous non-substantive modifications throughout the entire chapter for clarity and consistency. The Board will consider the committee's recommendations and vote on the matter in July. If approved, the proposed rule changes will be posted on the *Texas Register* for public comment prior to final adoption. Because NPAC has addressed the outstanding charge, there are no additional NPAC meetings scheduled at this time.



The Texas Board of Nursing

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Summary of Actions

A regular meeting of the Board of Nursing was held April 19-20 2018, in Austin.
The following is a summary of Board actions taken during this meeting.



In the **April 13, 2018**, edition of the **Texas Register**: The Texas Board of Nursing (Board) adopted amendments to 22 Tex. Admin. Code §220.1, concerning **Definitions**. The amendments were adopted in conjunction with the repeal of 22 Tex. Admin. Code §§220.2 - 220.4. The amendments were necessary to implement the new statutory requirements found in §304.0015 of the Texas Occupations Code. Section 304.0015, which contains Articles I-XI, implements the amended Nurse Licensure Compact (Compact). The amendments became effective on April 18, 2018.

In the **April 20, 2018**, edition of the **Texas Register**: The Board adopted amendments to §213.35, relating to **Knowledge, Skills, Training, Assessment and Research (KSTAR) Pilot Program**; §217.19, relating to **Incident Based Nursing Peer Review and Whistleblow-**

er Protections; and §217.20, relating to **Safe Harbor Peer Review for Nurses and Whistleblower Protections**. The amendments were adopted with changes to the proposed text published in the March 2, 2018, issue of the *Texas Register* (43 TexReg 1209, 43 TexReg 1218, and 43 TexReg 1223). The amendments became effective on April 26, 2018.

In the **May 4, 2018**, edition of the **Texas Register**: The Board adopted amendments to §214.9(b), concerning **Program of Study** and §217.2, concerning **Licensure by Examination for Graduates of Nursing Education Programs Within the United States, its Territories, or Possessions**. The amendments were being adopted without changes to the proposed text published in the March 16, 2018, issue of the *Texas Register* (43 TexReg 1556 and 43 TexReg 1557). The amendments were necessary to correct an inadvertent

deletion of language from the text of the rules that occurred when these sections were proposed for amendment and adopted in the February 23, 2018, edition of the *Texas Register*. The amendments became effective on May 8, 2018.

In the **May 18, 2018**, edition of the **Texas Register**: The Board adopted the repeal of existing §217.16, concerning **Reporting of Minor Incidents**, in conjunction with the adoption of new §217.16, concerning **Minor Incidents**, which was adopted simultaneously. The new section is adopted with changes to the proposed text published in the March 2, 2018, issue of the *Texas Register* (43 TexReg 1214). The adoption of the new §217.16 became effective on May 20, 2018.

Nursing Education Actions - April 2018 Board Meeting

Reviewed Reports on:

Status Report on New Nursing Education Programs and Currently Active and Potential Proposals; Status Report on Programs with Sanctions; Report on Communication Activities with Nursing Education Programs; Report of 2017 NCLEX-PN® Examination Pass Rates for Vocational Nursing Education Programs; and Report of Outcomes of the Military Track at Baptist Health System School of Health Professions in San Antonio.

Approved Voluntary Closure of Nursing Education Program:

Cephas Center for Health Sciences Vocational Nursing (VN) Education Program in Dallas.

Accepted Reports of Survey Visits:

Grayson College VN Education Program in Van Alstyne, Trinity Valley Community College VN Education Program in Kaufman, Trinity Valley Community College VN Education Program in Palestine, Tyler Junior College VN Education Program in Tyler, and Tyler Junior College Associate Degree Nursing (ADN) Education Program in Tyler.

Approved Change in Approval Status from Initial Approval to Full Approval:

Texas Health School VN Education Program in Houston.

Approved Change in Approval Status from Full Approval with Warning to Full Approval:

Joe G. Davis School of Vocational Nursing VN Education Program in Huntsville, and Schreiner University VN Education Program in Kerrville.

Approved Change in Approval Status from Full Approval to Full Approval with Warning:

Clarendon College VN Education Program in Pampa, and Kilgore College VN Education Program in Longview.

Approved Change in Approval Status from Initial Approval to Conditional Approval:

CyberTex Institute of Technology VN Education Program in Austin.

Approved Change in Approval Status from Full Approval with Warning to Conditional Approval and Accept Report of Survey Visit:

Fortis College VN Education Program in Grand Prairie.

Approved Change in Approval Status from Full Approval with Warning to Conditional Approval:

Valley Grande Institute for Academic Studies VN Education Program in Weslaco, and Vernon College at Wichita Falls VN Education Program in Wichita Falls.

Accepted Report of the Outcome of the Innovative Pilot Program Project:

South Texas College ADN Education Program in McAllen.

Report of Board Staff Review of a Proposal to Establish a Baccalaureate Degree Program in a Public Junior College:

Austin Community College in Austin.

Approved Proposal to Establish a New Nursing Education Program:

Hallmark University Baccalaureate Degree Nursing Education Program in San Antonio.



Minor Incidents & Reporting Requirements of the Texas Board of Nursing

by Kristen Sinay, MSN, RN, LNCC
Nursing Consultant for Practice

Human beings have a propensity to make certain mistakes as a natural byproduct of their humanness. Nurses are human, so it is natural to conclude that nurses will make mistakes. Some errors are more serious than others with greater risk for patient harm. The mission of the Texas Board of Nursing (Board) is to protect and promote the welfare of the people of Texas by ensuring that each person holding a license as a nurse in the State of Texas is competent to practice safely. The Board balances its duty to protect the public with the knowledge that nurses are subject to human error.

The Texas Legislature gives the Board statutory authority to regulate the practice of nursing in Texas and to establish standards of professional conduct for licensees, as outlined in the Nursing Practice Act (NPA), Chapter 301 of the Texas Occupations Code [NPA §301.151]. The NPA requires the Board to investigate a complaint to determine whether a nurse's continued practice poses a risk of harm to patients or others and whether probable cause exists that a nurse committed certain violations [NPA §301.457(e)]. The Board has a duty to ensure complaints are not dismissed without appropriate consideration [NPA §301.204(a)(2)].

In its review of evidence during an investigation, the Board must determine the extent to which the nurse's conduct, either an act or omission, was the result of a deficiency in the nurse's knowledge, judgment, training, or skills rather than due to factors beyond the nurse's control [NPA §301.457(f)]. If the Board determines that a licensee committed certain acts or engaged in certain conduct, the Board is required by law to impose discipline on the nurse's license [NPA §§301.452(b) & 301.453(a)]. The goal of Board sanctions issued against a nurse's license is to restore the individual nurse's practice to a safe level through education and remediation rather than to punish.

The NPA also outlines a requirement that the Board adopt rules concerning reporting to minimize reporting of minor incidents [NPA §301.419(b)(2)]. A minor incident is defined as "conduct by a nurse that does not indicate that the nurse's continued practice poses a risk of harm to a patient or another person" [NPA §301.401(2) & 22 TAC §217.16(a)]. Texas is one of few states with such a provision. The purpose of this article is to inform readers about minor incidents.

All Errors Are Not Created Equal

The Board is staffed by approximately 124 full-time employees yet licenses over 420,000 nurses; thus, the reporting of all alleged violations of the NPA or Board rules would overwhelm the system. Some conduct needs to be reviewed by the Board, and is required to be reported; however, protection of the public is not enhanced by the reporting of every minor incident that may be a violation of the NPA or a Board rule [22 TAC §217.16(b)].



A Historical Perspective

Initially adopted by the Board in 1999, the Minor Incident Rule, Board Rule 217.16, is designed to provide guidance in the evaluation of nursing practice breakdown when the nurse has not engaged in conduct that is subject to mandatory reporting, the error can be remediated at the facility level, and the nurse's continued practice does not pose a risk of harm to patients or others. On the other hand, conduct that must always be reported by certain mandatory reporters because it meets the definition of "conduct

subject to reporting" [NPA §301.401(1)] includes conduct that:

- *violates the NPA or a Board rule and contributed to the death or serious injury of a patient;*
- *causes a person to suspect that the nurse's practice is impaired by chemical dependency or drug or alcohol abuse;*
- *constitutes abuse, exploitation, fraud, or a violation of professional boundaries; or*
- *indicates that the nurse lacks knowledge, skill, judgment, or conscientiousness to such an extent that the nurse's continued practice of nursing could reasonably be expected to pose a risk of harm to a patient or another person, regardless of whether the conduct consists of a single incident or a pattern of behavior.*

Mandatory reporters include nurses, nursing peer review committees (NPRCs), nursing education programs, employers of nurses, certain professional associations and organizations, state agencies, liability insurers, and prosecuting attorneys. The mandatory reporting requirement for nurses, NPRCs, employers, and state agencies centers around "conduct subject to reporting". In some cases, the report can be submitted to a NPRC at the facility rather than to the Board [NPA §§301.402 - 301.409]. Board Rules 217.11(1)(K)(v) and 217.19(i)(3)(A) permit nurses and NPRCs to not report conduct that meets the definition of a minor incident and the criteria in Board Rule 217.16. For nurses, including supervisors of nurses, and NPRCs to feel comfortable not reporting certain conduct for fear of being found in violation of their own mandatory reporting requirements for failing to report, they must be acutely familiar with the Minor Incident Rule.

Nursing Practice Advisory Committee

The Nursing Practice Advisory Committee (NPAC) is one of several permanent committees of the Board [22 TAC §211.6(a)&(f)(1)(C)]. NPAC reviews and analyzes issues that affect the practice of nursing and is comprised of representatives from various state agencies and nursing organizations and associations. At the July 2014 Board Meeting, the Board issued a charge to NPAC to review and make recommendations regarding Board Rule 217.16, titled 'Reporting of Minor Incidents' at the time. As charged, NPAC met on September 21, 2017, and November 13, 2017, to review and consider revisions to Board Rule 217.16. NPAC members and Board staff engaged in considerable discussion regarding the current rule, its structure, and how it is interpreted by those who utilize it. Due to the number of structural changes to the rule's content and flow, it was determined that the best way to approach revising the rule would be to repeal the existing rule and replace it with a new rule. NPAC applied the proposed rule revisions to several nursing practice breakdown scenarios and voted unanimously to recommend the revisions to §217.16 to the Board at the January 2018 Board meeting. Subsequently, the changes were approved by the Board at the meeting. The proposed new rule was then submitted to the *Texas Register* for public comment and published in the March 2, 2018, issue of the *Texas Register*. Two written comments on the proposed new rule were submitted to the Board by stakeholders. Board staff then proposed modifications to portions of the proposed new rule that were presented to the Board at the April 2018 Board meeting. The Board voted to adopt the new Minor Incident Rule with the additional changes. The rule was sent back to the *Texas Register* for publication again

continued on next page

Minor Incidents - continued from previous page

and became effective May 20, 2018.

The New Minor Incident Rule

The newly adopted Minor Incident Rule [22 TAC §217.16, Minor Incidents] is available on the Board's website (www.bon.texas.gov); under the "Laws & Rules" menu on the homepage, select "Rules & Regulations". The new rule is largely consistent with the former rule but has structural differences; subsection (d) details the process for evaluating if an error is a minor incident [§217.16(d)]. Three factors must be reviewed to determine if an error is or is not a minor incident: the nurse's conduct (the nurse's actions or omissions that relate to the error), factors that might exist that are beyond the nurse's control (also labeled as "system factors" in some institutions), and the interplay between the nurse's conduct and the factors beyond the nurse's control that influenced or impacted the nursing practice breakdown (the error). The new rule guides readers to first evaluate the nurse's conduct to determine whether a deficit(s) in the nurse's knowledge, judgment, skill, professional responsibility, or patient advocacy contributed to the incident. If it is determined that the nurse's practice has no deficit(s) in knowledge, judgment, skills, professional responsibility, or patient advocacy, the error may not even reach the level of a minor incident.

On the other hand, if such a deficit(s) played a role in the error, it must be determined whether remediation will address the identified deficit(s). If remediation addresses the deficit(s), the error may be a minor incident, so long as a remediation plan is created and completed by the nurse to address the deficit(s) and documented accordingly. If the nurse does not complete the required remediation, then the nurse must be reported to the NPRC or the Board. If a remediation plan would not address the deficit(s), then the error cannot be considered a minor incident, and the nurse must be reported to either the NPRC or the Board.

After reviewing the nurse's conduct, the presence of factor's beyond the nurse's control must be reviewed for contribution to the incident. If any such factors did play a part in the error, the contributing factors must be reported to the facility's patient safety committee. If the facility does not have a patient safety committee, the factors are reported to the chief nursing officer (CNO). When factors beyond the nurse's control are identified, the error should be assessed to determine if the error would have occurred without these factors. If the error only occurred because of the factors beyond the nurse's control (meaning the nurse has no deficit(s) in knowledge, judgment, skill, professional responsibility, or patient advocacy), the error may not rise to the level of a minor incident. It is important to understand that even in the presence of factors beyond the nurse's control, it is still possible that the nurse's conduct contributed to the error, and any identified deficits in the nurse's practice must be addressed in accordance with §217.16(d)(1)(B) of the new Minor Incident Rule.

The new rule is designed to be read and considered in its entirety, not in fragments. Thus, even if one initially believes an error is a minor incident, the error cannot be considered a minor incident if it meets the criteria in subsection (h). When evaluating an error looking at §217.16(d), even if it is determined that remediation will address the deficit(s), if the error involves conduct by a nurse that meets the criteria in §217.16(h), the error is not a minor incident and must be reported to the NPRC or the Board.

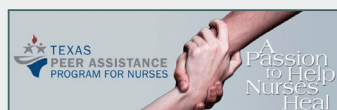
In summary, the new Minor Incident Rule provides a stepwise approach to determine if an error is a minor incident.

What's Different?

The following table is a crosswalk demonstrating where content from the old rule (column on the left) can be found in the new rule (column on the right).

<i>The Old Minor Incident Rule - §217.16</i>	<i>The New Minor Incident Rule - §217.16</i>
(a) Purpose	Located in (b)
(b) Definition	Located in (a)
(c)(1) When to report to the Board	Located in (h)
(c)(2)(A) Evaluation of Conduct	Located in (e)
(c)(2)(B) Evaluation of Multiple Incidents	Located in (e)
(c)(2)(C) Nurse Manager Responsibilities	Located in (g)
(c)(3) Other factors to consider	Located in (d)(3)
(d) Conduct Required to be reported	Located in (h)
(e) Conduct Normally Not Required to Be Reported to the Board	Some content is located in (d)(1)(A), but selected content was omitted in the new rule because it may confuse readers and lead to certain errors not being reported when they should be. For example, the former §217.16(e)(1)(B) specifically listed a medication error primarily due to factors beyond the nurse's control as an example of "conduct normally not required to be reported to the Board", and depending on the circumstances and nurse's conduct, medication errors may or may not be minor incidents. (This article will later provide scenarios for application of the new rule using different medication errors as examples.)
(f) Documentation of Minor Incidents	Located in (f) with additional requirements detailed
(g) Nursing Peer Review Committee	Moved to the rule concerning incident-based nursing peer review (Board Rule 217.19)
(h) A Right to Report	Located in (c)
(i) Mis-classifying to Avoid Reporting	Located in (d)(4)
(j) Chief Nursing Officer or Nurse Administrator Responsibility	Located in (g) with additional responsibilities consolidated in this one subsection
(k) Nurses reported to the Board	Omitted because it does not directly relate to the purpose of this rule and is discussed elsewhere [NPA §301.457(e)]

continued on NDA-7



Fall Advocate Workshop November 9, 2018

The Texas Peer Assistance Program for Nurses (TPAPN) is a voluntary program of the Texas Nurses Association that facilitates and supports recovery from behavioral health conditions to help nurses of Texas maintain, and/or regain, safe nursing practice. TPAPN participants include nurses whose practice is impaired, or suspected of being impaired by substance use, abuse, chemical dependency, or mental health conditions. TPAPN participants are assigned a case manager and many participants benefit from being assigned a volunteer nurse advocate.

The TPAPN Advocate provides regular supportive communication to their assigned participant(s). TPAPN Advocates communicate with both their assigned participant(s) and the participants' case manager. TPAPN Advocate Workshops are held regularly to provide training to volunteer nurse advocates. Please consider supporting a fellow nurse by becoming an Advocate. Information about volunteering, volunteer requirements, upcoming workshops, and TPAPN may be found on TPAPN's website at: www.tpapn.org. TPAPN staff are available to provide more information about TPAPN.

For additional information, please see:
Tex. Occ. Code Section 301.4106, Peer Assistance Programs: http://www.bon.texas.gov/laws_and_rules_nursing_practice_act_2017.asp#Toc498606549
22 Tex. Admin. Code §217.13, Peer Assistance Program: http://www.bon.texas.gov/rr_current/217-13.asp

Texas Peer Assistance Program for Nurses: <http://www.tpapn.org>

Governor Abbott Appoints Five to Texas Board of Nursing

On June 7, 2018, Governor Greg Abbott announced the appointment of three new members and reappointment of two current members to the Texas Board of Nursing (Board). New members appointed include: Melissa Schat, LVN, of Granbury to represent LVN Practice; Kimberley L. "Kim" Wright, LVN, of Big Spring, also representing LVN Practice, and Mazie M. Jamison of Dallas, to represent Consumers. Verna "Kathy" Shipp, MSN, RN, FNP, of Lubbock, current President of the Board of Nursing, who represents Advanced Practice Nursing, was reappointed and will continue to serve as President. Doris Jackson, DHA, MSN, RN, was also reappointed to represent Associate Degree Nursing Education. Ms. Schat's term will expire on January 31, 2019. Dr. Jackson, Ms. Jamison, Ms. Shipp, and Ms. Wright's terms will expire on January 31, 2023. Further information on the new Board members will be provided in the October 2018 issue of the *Bulletin*.

Strategic Plan Stakeholder Feedback Reviewed

In February 2018, Texas Board of Nursing (Board) staff mailed letters to over 250 stakeholders from professional nursing organizations, deans and directors of Board approved nursing education programs in Texas, Board advisory committee members, and member agencies of the Health Professions Council to invite feedback regarding strategic planning for fiscal years 2019 – 2023. Board staff would like to express appreciation to all of the stakeholders who responded and provided feedback.

Board staff reviewed and carefully considered responses received to assist with developing its strategic plan. The majority of feedback received was positive. Current issues that should be relevant to the Board included nursing education, scope of practice, disaster response, the declaratory order process, the Texas Peer Assistance Program for Nurses, nurse delegation in school settings, the opioid crisis, and continuing education. Themes of significant needs from stakeholders included timely licensing operations for new graduates, disciplinary action report formatting, complaint investigations, advisory committees, targeted practice remediation programs, and evaluating minor incidents using the Taxonomy of Error Root Cause Analysis of Practice Responsibility instrument.

Thematic points indicating Board strengths included correspondence with nurses electronically, education consultation, mediation, and the alternative remediation program known as Knowledge, Skills, Training, Assessment and Research for Nurses. Opportunities for improvement included email response times, more investigative staff, public perception, costs of some evaluations, investigatory transparency, and advisory committee use. Stakeholders expressed satisfaction with the Board website, rule updates, the agency response to Hurricane Harvey, licensure compact, licensure renewal process, focus on patient safety, consultation on education, practice and APRN issues, implementation of Sunset Advisory Commission required actions, complaint resolution timeframes, and advisory committee use.

A detailed summary of the input received is available within the Board's Strategic Plan for Fiscal Years 2019-2023 on the Board website at: https://www.bon.texas.gov/pdfs/publication_pdfs/TBONStrategicPlan-2019-2023.pdf.



Save the Dates:

August 13-14, 2018

2018 Geriatric Symposium – Texas Taking the Next Step

Sheraton Austin Georgetown Hotel and Conference Center

Georgetown, Texas

This is a **free**, two-day event to learn innovative methods to better understand and care for older adults.

Day One: The Power of Collaboration among Geriatric Nurses

Day Two: Evolution and Advancement in the Aging Community

Featured Speakers include: Donna Howard, Texas State Representative, District 48; and Lance A. Robertson, Administrator and Assistant Secretary for Aging, Administration for Community Living, U.S. Department of Health and Human Services

Register today

<https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/nursing-facilities-nf/quality-monitoring-program-qmp/qmp-training/geriatric-symposium-texas-taking-next-step>

For more information email:

QMP@hsc.state.tx.us



Texas Board of Nursing Learning Opportunities: 2018

2018 Workshops

*Protecting Your Patients & Your Practice, Nursing Jurisprudence & Ethics****>

August 15, 2018 (Wednesday) - Arlington
Location: Hilton Arlington, 2401 E. Lamar Blvd, Arlington,
Texas, 76006-1430. Free surface parking. <http://www3.hilton.com/en/hotels/texas/hilton-arlington-ARLAHHF/index.html>

November 7, 2018 (Wednesday) - Corpus Christi
Location: Holiday Inn Corpus Christi Airport &
Conference Center, 5549 Leopard St, Corpus Christi, TX
78408.

November 14, 2018 (Wednesday) - San Marcos
Location: Embassy Suites, 1001 E McCarty Ln, San
Marcos, TX 78666. Free parking. <http://embassysuites3.hilton.com/en/hotels/texas/embassy-suites-by-hilton-san-marcos-hotel-conference-center-and-spa-SNMESES/index.html>

Cost: Pre-registration \$109.00. Walk-in registration on day of workshop \$125.00, if space available. No cash accepted for payment. Early registration is encouraged.

Time: 8:00 am to 4:30 pm CST

How to Register

You can register for all Board of Nursing (BON) educational offerings--online courses and workshops--through the BON Continuing Education (CNE) Course Catalog. To register for a BON Workshop or online CNE Course, please visit our website at: www.bon.texas.gov and select the **Continuing Education Course Catalog** icon. You will receive a purchase confirmation and event reminders via your email address leading up to the scheduled activity and for post activity reminders in order to help you access your CNE Certificate of Completion. Instructions and help for confirming that your workstation is compatible with the online process are provided for each event. All of the BON CNE activities include online components that must be completed in conjunction with the activity in order to receive completion credit and certificates. When you register online, a BON Lifelong Learning Account is created that will be your home for accessing evaluations, handouts, and certificates.

Legend

- ** This continuing nursing education offering was approved by the Texas Board of Nursing. The Texas Board of Nursing is an approved provider of continuing education by the Alabama Board of Nursing, ABNP1509, expiration date August 17, 2020.
- # This course meets the 2-Hour CNE requirement for nursing jurisprudence and ethics established during the 2013 Legislative Session.
- + This course satisfies nursing jurisprudence and ethics requirements for Board orders.
- > The Authors, Speakers/Presenters, Content Reviewers and Experts declare that there are no conflicts of interest.

Texas Board of Nursing Meeting Schedule

2018 Board Meeting Dates

July 19-20

October 25-26

2018 Eligibility and Disciplinary Committee Meeting Dates

August 21
September 11

November 13
December 11

All Board and Eligibility & Disciplinary Committee Meetings will be held in Austin at the William P. Hobby Building located at 333 Guadalupe, Austin, Texas, 78701.

New Scope of Practice Resources Posted Online: Nurses and Cosmetic Procedures

The Board of Nursing has posted new Frequently Asked Questions (FAQs) specific to whether performing cosmetic procedures is within the scope of practice for RNs, LVNs, and APRNs. To view the new FAQs, go to www.bon.texas.gov, click on the FAQs link, then select Nursing Practice.

Board of Nursing Contact Information

MAIN NUMBER.....(512) 305-7400
FAX.....(512) 305-7401

- 24-hour Access
- License Verification
- General Information

ENFORCEMENT.....(512) 305-6838

- Complaint and Disciplinary Action Inquiries
- Violations of NPA and Rules and Regulations
- Monitoring of Disciplined RNs and LVNs

OPERATIONS

CUSTOMER SERVICE.....(512) 305-6809
-- License Renewals..... renewal@bon.texas.gov
-- Endorsement..... endorsement@bon.texas.gov
-- Examination..... exam@bon.texas.gov
-- Continuing Education for LVNs & RNs

SALES OF LISTS.....(512) 305-6848
-- Electronic Nurse Files
-- Publications

PROFESSIONAL AND VOCATIONAL NURSING

ADVANCED PRACTICE.....(512) 305-6843
-- APRN Application and
Prescriptive Authority Procedures..... aprn@bon.texas.gov

NURSING EDUCATION.....(512) 305-6816

NURSING PRACTICE.....(512) 305-6802
-- Nursing Practice Issues
-- Legislation

Workshop Information.....(512) 305-6844
-- Workshop e-mail inquiries..... workshops@bon.texas.gov

NEWSLETTER INFO.....(512) 305-6842

- WEB Address..... www.bon.texas.gov
- Refer e-mail inquiries to: webmaster@bon.texas.gov



The purpose of the *Texas Board of Nursing Bulletin* is to disseminate information to nurses licensed by the State of Texas, their employers, health care providers, and the public concerning laws and regulations established by the Texas Board of Nursing related to the safe and legal practice of nursing. The *Texas Board of Nursing Bulletin* provides information on current issues and trends in nursing regulation, status of nursing education programs, information regarding licensure and nursing practice, and disciplinary action taken against licensees who violated the Nursing Practice Act or Board Rules and Regulations.

Texas Board of Nursing
333 Guadalupe, Suite 3-460
Austin, Texas 78701-3944



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Office Hours and Location

The office of the Texas Board of Nursing is located in the William P. Hobby Building, located at the corner of 4th and Guadalupe in downtown Austin. The mailing address is: 333 Guadalupe, Suite 3-460, Austin, Texas 78701-3944. Office hours are 8:00 a.m. to 5:00 p.m., Monday through Friday, except for designated holidays.

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The *Texas Board of Nursing Bulletin* is published quarterly by the Texas Board of Nursing. In compliance with the Americans with Disabilities Act, this document may be requested in alternate formats by contacting the Board's office, (512) 305-7400 (Voice), (512) 305-7401 (FAX), or by visiting the William P. Hobby Building, 333 Guadalupe, Suite 3-460, Austin, Texas.

NOTICE OF DISCIPLINARY ACTION

The following nurses had disciplinary action taken against their licenses through a Board order containing public information about the nurse's disciplinary action. You can obtain information about these disciplinary actions from the Board's website, www.bon.texas.gov, using the verification look-up under **Licensure** or under the disciplinary action section of **Discipline & Complaints**. Under **Licensure**, select **Verification** then click on the applicable type of license type; **Discipline & Complaints**, select Disciplinary Action then select individual newsletter date. Additionally, you can send your written request to the Texas Board of Nursing, Enforcement Division, 333 Guadalupe, Suite 3-460, Austin, Texas 78701-3944.

<u>NAME</u>	<u>LICENSE NUMBER(S)</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
Adefolarin, Olubunmi Nuratu	LVN 227112	Warning with Stipulations	April 19, 2018
Albert, Regina Denise	RN 669725 & LVN 164553	Enforced Suspension	April 5, 2018
Albright, Karen Elizabeth	AP129228 & RN 662128	Warning with Stipulations	February 13, 2018
Andersen, Jennifer Jaymes	RN 781033	Remedial Education	April 3, 2018
Anugo, Paula Chinweizu	RN 851679	Warning with Stipulations, Deferred	March 13, 2018
Anyanwu, Ann Chika	RN 737621 & LVN 161468	Voluntary Surrender	March 1, 2018
Armes, Amy	LVN 310387	Remedial Education with Fine	March 23, 2018
Austin, Virginia K.	RN 648218	Warning with Stipulations	February 13, 2018
Babalola, Mobolaji Tosin	LVN 221790	Warning with Stipulations and Fine	April 19, 2018
Bales, Brian	RN 897125 & LVN 201061	Remedial Education	April 27, 2018
Barber, Lisa	PTP AR RN R068943		
	& AR LPN L032198	Warning with Stipulations	February 13, 2018
Barrientos, Judith Pesquera	LVN 306947	Suspend/Probate	February 13, 2018
Barrientos, Judith Pesquera	RN 880427	Voluntary Surrender	February 13, 2018
Beasley, Ronald	AP126395, RN 639604		
	& LVN 131961	Warning with Stipulations	March 13, 2018
Benitez, Melissa Ann	LVN 315366	Remedial Education with Fine	April 26, 2018
Bennett, Brookney Scha	LVN 224142	Warning with Stipulations and Fine	March 13, 2018
Berryhill, Misty D.	LVN 179056	Revoked	March 13, 2018
Bianchino, Krystal Slovacek	RN 584531	Voluntary Surrender	March 22, 2018
Bibal, Mariezen Valgomera	RX 8713	Limited: No Controlled Substances	February 13, 2018
Bibal, Mariezen Valgomera	AP117118 & RN 666009	Suspend/Probate	February 13, 2018
Bisson, Lisa Ann	RN 586213	Limited License	April 19, 2018
Blackwell, Antoya Lakole	RN 818569 & LVN 218386	Suspend/Probate	February 13, 2018
Blanchard, Theresa R.	RN 763522	Remedial Education	April 12, 2018
Bond, Angela	RN 612655	Warning with Stipulations	March 13, 2018
Bounds, Jackie Elizabeth	RN 812187	Reprimand with Stipulations	April 19, 2018
Briscoe, Raymond	RN 748195 & LVN 179828	Suspend/Probate	April 19, 2018
Brooks, Linda Anne	LVN 81780	Suspend/Probate	February 13, 2018
Brown, Gloria Jean	LVN 92263	Suspend/Probate	April 19, 2018
Brown, Zoe Ann	LVN 122023	Voluntary Surrender	February 10, 2018
Burks, Kimberly Azell	LVN 183415	Reprimand with Stipulations	March 13, 2018
Burleson, Ruth Mildred	RN 821212	Warning with Stipulations	February 13, 2018
Burrill, Kellye Harbin	RN 792230	Warning with Stipulations and Fine	April 19, 2018
Burton, Michelle Lani	LVN 314757	Voluntary Surrender	January 29, 2018
Caballero, Rebecca Marie	LVN 329384	Warning with Stipulations	March 13, 2018
Cancino, Amee Esperansa	LVN 310575	Reprimand with Stipulations	February 13, 2018
Capalla, Tanya Suzette	LVN 221421	Remedial Education	March 22, 2018
Cates, Jessica Ann	RN 922486	Enforced Suspension	March 22, 2018
Cervantes, Jessica	LVN 302548	Warning with Stipulations	March 13, 2018
Chavez, Mary	RN 724988	Warning with Stipulations and Fine	April 19, 2018
Cho, Jae Sung	RN 762299	Warning with Stipulations	April 19, 2018
Clarke, Marshon	LVN 312646	Voluntary Surrender	March 28, 2018
Coco-Simon, Lesia Ann	LVN 191755	Revoked	March 13, 2018
Conklin, Helen Courtney	RN 882515	Warning with Stipulations, Deferred	February 13, 2018
Cooper, Breanna Nashia	LVN 305998	Remedial Education, Deferred	February 1, 2018
Cozad, Shannah Kathleen	AP128877 & RN 883342	Revoked	February 13, 2018
Craig, Melissa Cox	AP122943 & RN 864100	Voluntary Surrender	April 19, 2018
Cuff, Courtney Jean	PTP TN RN 209838	Revoked	February 13, 2018
Curtis, Jackie T.	RN 533040	Warning with Stipulations	April 19, 2018
Daley, Sandra	PTP SC RN 44697	Revoked	February 13, 2018
Davis, Angelyka Tyree	LVN 225089	Warning with Stipulations	March 13, 2018
Davis, William George	RN 799297	Voluntary Surrender	April 26, 2018
Debate, Ashley Renee	LVN 322680	Revoked	March 13, 2018
Deleon, Mary Yvonne	LVN 48845	Voluntary Surrender	February 5, 2018
Diedrich, Sarah J.	RN 624793	Remedial Education with Fine	February 5, 2018
Doggett, Cheryl A.	RN 501719 & LVN 73791	Remedial Education with Fine	February 7, 2018
Dolezalik, Amy Michelle	RN 666525	Voluntary Surrender	February 16, 2018
Dunbar, Jacqueline Denise (Citizen)	LVN 199479	Warning with Stipulations and Fine	April 19, 2018
Duran, Danielle Nicole	LVN 232918	Revoked	February 13, 2018
Eaker, Anika Lea	LVN 316473	Reprimand with Stipulations	April 19, 2018
Elizardo, Sandy Naing	RN 689779	Reprimand with Stipulations	February 13, 2018
Elliott, Linda Ann	RN 821278	Suspend/Probate	March 13, 2018
Flowers, Aleta Cheryl	RN 594605	Reprimand with Stipulations	February 13, 2018

DISCIPLINARY ACTION

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<u>NAME</u>	<u>LICENSE NUMBER(S)</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
Freeman, Bridget Ann	LVN 149276	Warning with Stipulations	April 19, 2018
Fuller, Rhonda Deshun	LVN 210532	Enforced Suspension	April 19, 2018
Gant, Arnar Jaishaun	RN 894781 & LVN 233868	Warning with Stipulations	April 19, 2018
Garcia, Bianca Lizette	LVN 199927	Limited License	February 13, 2018
Garcia, Jessica Renee	RN 787971	Suspend/Probate	March 13, 2018
Garcia, Vanessa Marie	LVN 310520	Reprimand with Stipulations	April 19, 2018
Garrett, Jena	LVN 159691	Warning with Stipulations	February 13, 2018
Gaston, Mandy Lynn	RN 810407	Warning with Stipulations	April 19, 2018
Gee, Randall Glen	LVN 230626	Revoked	March 13, 2018
Genardo, Nicholas R.	RN 886562	Revoked	February 13, 2018
Gerhart, Lafonda Hodges	RN 604254 & LVN 61561	Warning with Stipulations	April 19, 2018
Gipson, Jacqueline Ann	LVN 334397	Remedial Education	February 23, 2018
Gonzalez, Marissa Yvonne	RN 812216 & LVN 231475	Remedial Education	March 21, 2018
Gray, Michelle Rene	RN 669442	Remedial Education	February 28, 2018
Grayson, Donna	RN 500488	Reprimand with Stipulations	April 19, 2018
Harmon, Daniel Julian	RN 738360	Reprimand with Stipulations	March 13, 2018
Harris, Leslie Gail	RN 726513	Warning with Stipulations	February 13, 2018
Hartis, Lesley Anne	RN 760468	Warning with Stipulations	March 13, 2018
Henderson, Suzanna Beth	LVN 128249	Warning with Stipulations and Fine	April 19, 2018
Hepworth, Brandie Rose	RN 726130	Warning with Stipulations	April 19, 2018
Hewins, Stacey Marie	LVN 320798	Remedial Education with Fine	February 15, 2018
Hinman, Angela D.	RN 662347	Reprimand with Stipulations	April 19, 2018
Hobbs, Amber Lark	RN 746412	Voluntary Surrender	April 30, 2018
Husband, Latasha Marie	RN 908647	Warning with Stipulations	April 19, 2018
Huval, Jenny Leann	RN 800345	Warning with Stipulations and Fine	February 13, 2018
Irvine, Loreal Newsom	RN 699209	Warning with Stipulations and Fine	April 19, 2018
James, Deven Arlene	PTP MS LPN 333888 RN	Warning with Stipulations	April 19, 2018
James, Samantha Pauline	743984 & LVN 204422	Voluntary Surrender	February 20, 2018
Janducayan, Joann Alonzo	RN 816456	Warning with Stipulations	March 13, 2018
Jennings, Jessica	RN 647183 & LVN	Suspend/Probate	March 13, 2018
Johnson, Justin William	159480 RN 740979	Warning with Stipulations	February 13, 2018
Johnson, Lara Jean	RN 755451	Voluntary Surrender	February 13, 2018
Johnson, Wendy Weldon	RN 930132 & LVN	Warning with Stipulations	April 19, 2018
Jones, Brittany Nicole	307895 LVN 320092	Warning with Stipulations and Fine	March 13, 2018
Jones, Stephanie Halsey	LVN 187353	Revoked	February 13, 2018
Juarez, Joel	RN 823322	Reprimand with Stipulations	April 19, 2018
Kamara, Saidu Ibrahim	LVN 229283	Reprimand with Stipulations	April 19, 2018
Kennedy, Tammy Lynn	RN 786041 & LVN	Suspend/Probate	April 19, 2018
Kennimer, Steven Wayne	216576 RN 690253	Enforced Suspension	April 18, 2018
Kepperling, Rose Marie	LVN 305267	Revoked	February 13, 2018
Kings, Ellen L.	RN 517262	Revoked	February 13, 2018
Klippenstein, Marlene	RN 622448	Warning with Stipulations and Fine	April 19, 2018
Kothe, Eric Chambers	RN 869080 & LVN 153366	Warning with Stipulations	April 19, 2018
Kubicina, Kourtney Nicole	PTP IA RN 138736	Voluntary Surrender	April 19, 2018
Laird, Susan Marie	LVN 150795	Warning with Stipulations and Fine	April 19, 2018
Lartigue, Mitchell Jude	RN 878740	Voluntary Surrender	April 24, 2018
Lee, Eleanor Denise	LVN 178105	Revoked	March 13, 2018
Legrand, Jordan	RN 890669 & LVN 307188	Revoked	March 13, 2018
Leonard, Anita	RN 653647	Voluntary Surrender	March 29, 2018
Lichacz, Elizabeth Anne Lindsey,	RN 866657	Revoked	February 13, 2018
Jonathan Peter Lindsey, Lauren	RN 894706	Suspend/Probate	March 13, 2018
Sheree Lovelady, Kasandra	RN 796145	Warning with Stipulations	March 13, 2018
Michele Ludig, Melanie Joan	LVN 305040	Voluntary Surrender	March 5, 2018
Maduka, Stella Ndid Marroquin,	RN 769407	Enforced Suspension	March 20, 2018
Maria Guadalupe Martin,	AP121992 & RN 723609	Revoked	February 13, 2018
Deborah Rose Martinez, Julio	LVN 328214	Voluntary Surrender	April 26, 2018
Cesar	RN 640955	Warning with Stipulations	April 19, 2018
Martinez, Kara Louise Martinez,	RN 771258 & LVN 208571	Reprimand with Stipulations	April 19, 2018
Sybill Marie	LVN 313806	Warning with Stipulations	March 13, 2018
Mathew, Elizabeth Craikattu	LVN 302614	Reprimand with Stipulations	March 13, 2018
Matthews, Don Anthony Mattson,	RN 678430	Remedial Education, Deferred	February 22, 2018
Candace Jean McCollum, Theresa	LVN 140316	Revoked	February 13, 2018
Marie McDaniel, Jil Hagar	AP122175 & RN 695466	Warning with Stipulations and Fine	April 19, 2018
McMillin, Shirley Ann	RN 663026	Remedial Education	April 17, 2018
McVay, Jaye Anne	RN 662208	Warning with Stipulations and Fine	March 13, 2018
Mgbeahuru, Rose Chinyere	AP126673 & RN 551613	Remedial Education	February 21, 2018
	LVN 110625	Voluntary Surrender	March 19, 2018
	RN 708939	Warning with Stipulations and Fine	April 19, 2018

DISCIPLINARY ACTION

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<u>NAME</u>	<u>LICENSE NUMBER(S)</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
Monteiro, Renato	LVN 312664	Revoked	February 13, 2018
Montgomery, David Fields	RN 609883 & LVN 84477	Warning with Stipulations	February 13, 2018
Morales, Reagan A.	LVN 179228	Revoked	February 13, 2018
Mosley, Schemekia Lasonia	LVN 310847	Remedial Education	April 2, 2018
Mullins, Brandon	RN 898784	Warning with Stipulations and Fine	March 13, 2018
Neuffer, Stephanie Lynn	RN 719799	Revoked	March 13, 2018
Nguyen, Linda	RN 883551	Suspend/Probate	April 19, 2018
Nickerson, Yolanda	RN 895782 & LVN 173956	Remedial Education	February 28, 2018
Nnake, Rose	RN 563739	Remedial Education	March 22, 2018
Nobles, Denise Elaine	LVN 97333	Voluntary Surrender	April 12, 2018
Nunez, Jacqueline	RN 788687	Suspend/Probate	March 13, 2018
Nunn, Rosemary	LVN 171604	Reprimand with Stipulations and Fine	February 13, 2018
Ogot, Sharon Aloo	LVN 323313	Revoked	February 13, 2018
Oha, Trinitas Ifeoma	RN 611573	Warning with Stipulations	March 13, 2018
Oko, Chinyere Gloria	RN 774337 & LVN 175349	Reprimand with Stipulations	March 13, 2018
Oren, Kenan	RN 907634	Warning with Stipulations, Deferred	March 13, 2018
Oriadetu, Hilda Nellie	LVN 320695	Warning with Stipulations	February 13, 2018
Overton, Paul John	RN 806228	Suspend/Probate	March 13, 2018
Palmer, Lendon Danny	LVN 193206	Revoked	March 13, 2018
Paulson, Vickie Dee	AP124945 & RN 660018	Remedial Education	February 12, 2018
Pierce, Michelle Bridget	RN 801737	Reprimand with Stipulations	April 19, 2018
Powell, Mason Jeffrey	RN 888592	Warning with Stipulations	February 13, 2018
Price, Tiffany	LVN 300079	Revoked	March 13, 2018
Pruitt, Patrick Eugene	AP128782, RN 701417 & LVN 174517	Warning with Stipulations and Fine	April 19, 2018
Pules, Ashlee Nicole	RN 824846	Revoked	March 13, 2018
Ramos, Jessica Marie	RN 902778	Warning with Stipulations and Fine	March 13, 2018
Ramsey-Perry, Heather Shauntelle	LVN 204037	Warning with Stipulations and Fine	April 19, 2018
Randol, Julli Ann	RN 729963	Remedial Education with Fine	February 22, 2018
Ray, Brenda Lynn	RN 576649	Remedial Education	March 28, 2018
Razeeq, Ayesha Kai	RN 891966	Voluntary Surrender	February 15, 2018
Rebector-Njoku, Tinesha La Shae	LVN 208769	Enforced Suspension	April 19, 2018
Redd, Eki Theodora	LVN 325622	Warning with Stipulations	April 19, 2018
Redgers, Kimberley Lee	RN 742472	Enforced Suspension	March 7, 2018
Remes, Christian	RN 786115 & LVN 219585	Suspend/Probate	March 13, 2018
Riddley, Jennifer Leigh	LVN 192226	Suspend/Probate	March 13, 2018
Rios, Jorge Antonio	RN 869086 & LVN 311087	Warning with Stipulations	April 19, 2018
Rizo, Franchesca	RN 911044	Warning with Stipulations	April 19, 2018
Rochelle, Zephan Michael	RN 912580	Revoked	February 13, 2018
Rodriguez, Eliza	RN 584263	Warning with Stipulations	February 13, 2018
Ross, Gordon Keith	AP117079 & RN 662304	Suspend/Probate	February 13, 2018
Ross, Travis Daniel	LVN 308372	Warning with Stipulations	April 19, 2018
Saldeen, Noel K.	RN 794375	Warning with Stipulations	March 13, 2018
Salgado, Cecile Antolin	RN 706437	Warning with Stipulations	April 19, 2018
Sanchez, Maisie Marie	LVN 311808	Enforced Suspension	March 14, 2018
Sanders, Kutana Michelle	LVN 228563	Warning with Stipulations	March 13, 2018
Santee, Debra Kay	RN 584368	Warning with Stipulations	March 13, 2018
Scarbrough, Teresa Dawn	LVN 332005	Limited License	March 13, 2018
Scott, Alexis Wendie	LVN 310145	Warning with Stipulations and Fine	March 13, 2018
Scott-Shaw, Tammy Deloris	LVN 196666	Reprimand with Stipulations and Fine	February 13, 2018
Signor, Jennifer Marie	RN 803573	Reprimand with Stipulations	February 13, 2018
Skinner, Jodie	RN 827177	Revoked	March 13, 2018
Sloan, Eddrick Dewayne	LVN 181959	Revoked	February 13, 2018
Sloan, Kelly Rae	RN 597946	Warning with Stipulations	February 13, 2018
Sloan, Kenneth James	RN 793550 & LVN 194316	Remedial Education	February 21, 2018
Snook, Valerie A.	LVN 203065	Voluntary Surrender	March 9, 2018
Solis, III, Apolonio	LVN 228423	Warning with Stipulations	April 19, 2018
Speer, Tonya Rene	AP114672 & RN 681260	Warning with Stipulations	April 19, 2018
Starnes, Barbara Lynn	RN 804561 & LVN 228425	Revoked	February 13, 2018
Stone, Layla Dawn	RN 772053	Revoked	February 13, 2018
Strydom, Amy Elizabeth	LVN 190285	Voluntary Surrender	February 5, 2018
Stuteville, Debra	LVN 139046	Voluntary Surrender	February 14, 2018
Suvalian, Tatiana V.	AP124823, RN 765652 & LVN 205373	Reprimand with Stipulations and Fine	April 19, 2018
Tatum, Shawna Latrice	RN 800769 & LVN 205916	Warning with Stipulations, Deferred	February 13, 2018
Tellez, Juan A.	LVN 107433	Remedial Education	March 14, 2018
Tipton, Stephanie Leigh	LVN 326011	Warning with Stipulations	March 13, 2018
Turner, Norma J.	LVN 102971	Reprimand with Stipulations	March 13, 2018
Uwagboi-Ugbeche, Elizabeth	RN 742356 & LVN 205026	Voluntary Surrender	January 23, 2018
Vanda, Shabu Mathew	RN 700397	Warning with Stipulations, Deferred	March 13, 2018
Venegas, Manuel Fernando	RN 745835 & LVN 200966	Revoked	April 5, 2018

DISCIPLINARY ACTION

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<u>NAME</u>	<u>LICENSE NUMBER(S)</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
Walker, Stephen Dale	RN 662642	Suspend/Probate	April 19, 2018
Watkins, Kerry Wynne	RN 815023	Reprimand with Stipulations	February 13, 2018
White, Jennifer Jeanne	RN 787597	Warning with Stipulations and Fine	February 13, 2018
Whiteside, Amy Michelle	LVN 186036	Warning with Stipulations and Fine	April 19, 2018
Whorley, Amanda Diane	RN 739861 & LVN 201537	Suspend/Probate	February 13, 2018
Wichinski, Keith A.	AP116177, RX 7960 & RN 612139	Voluntary Surrender	February 26, 2018
Wilcox, Lisa C.	RN 629802	Warning with Stipulations	February 13, 2018
Williams, Latricia Danielle	RN 768652	Suspend/Probate	February 13, 2018
Worrell, Melissa Starr	LVN 335050	Revoked	February 13, 2018
Wren, Larry Dean	RN 607276	Warning with Stipulations	April 19, 2018
Wright, Amy Lyn	RN 841324	Remedial Education with Fine	April 19, 2018
Wright, Gary Lee	RN 841782	Enforced Suspension	March 6, 2018
Wright, Laquitha Chanta	RN 765706	Warning with Stipulations	March 13, 2018
Young, Dianna Lynn	RN 578691	Voluntary Surrender	February 23, 2018

Abbreviations in the Notice of Disciplinary Action Section

- PTP** Privilege to Practice in Texas, also known as Nurse Licensure Compact Privilege, associated with the indicated state and license. States are abbreviated using the official two letter state abbreviations of the United States Postal System.
- RX** Prescription Authorization

Statistical information

The 214 disciplinary actions reported in this bulletin represent only 0.053% of all nurses who are currently licensed to practice in the State of Texas. For the statistical reporting period ending May 2018, 99.56% of Registered Nurses and 99.10% of Vocational Nurses were without recent discipline according to Board records.

IMPOSTER WARNING

If you have any knowledge or information regarding the employment practices of the following individuals, please contact the Board's Enforcement Division immediately at (512) 305-6838.

Crystal Moya

On or about September 16, 2016, through July 21, 2017, Crystal Mascorro Moya secured employment and fraudulently worked as a licensed vocational nurse at a women's clinic in the Corpus Christi, Texas, area by falsely representing to the employer that she had recently obtained a license to practice vocational nursing in the State of Texas and that it would take up to 10 business days to update the Board's licensure information. When Crystal Mascorro Moya did not respond to the employer's repeated requests for licensure information, the employer accessed the Board's online licensure verification system and discovered that Crystal Mascorro Moya did not have a license to practice vocational nursing in the State of Texas. According to the Board of Nursing records, Crystal Mascorro Moya has never been issued a license and does not possess a privilege to practice vocational nursing in the State of Texas. The case was referred to the Nueces County District Attorney for prosecution.

**Tokunboh Mary Are**

a.k.a. Tokunbo Mary Are; a.k.a. Tokunbo Are; a.k.a. Tokunboh Are; a.k.a. Mary Are; a.k.a. Jamail R. Are; a.k.a. Jamail Rashoun Are; a.k.a. Jamail Are; a.k.a. Mary Are

In August 2017, Tokunboh Mary Are secured employment as a licensed vocational nurse with a home health agency in Kaufman County, Texas, using licensure information which belonged to a currently licensed vocational nurse with a similar name. Tokunboh Mary Are is not licensed to practice vocational nursing in the State of Texas, and the home health agency became suspicious because of discrepancies in the various documents provided by Tokunboh Mary Are for identification.

Q & A: Nurse Reporting Responsibility



As a nurse, what am I required to report?

Answer: There is a definition of the phrase “conduct subject to reporting” in the Nursing Practice Act or NPA (Texas Occupations Code, Chapter 301). The outlined conduct includes a violation of the NPA or Board rules that contributed to the serious injury or death of a patient; or conduct that is abuse, exploitation, fraud, or a violation of professional boundaries or conduct indicative of a lack of knowledge, skill, judgment or conscientiousness by the nurse that indicates the nurse’s continued practice could reasonably be expected to pose a risk of harm [NPA §301.401 (1) (A), (C), and (D)]. Professional boundaries are further defined as appropriate limits established by the nurse and provision of nursing services promoting the client’s dignity, independence, and best interests and the nurse refrains from inappropriate involvement in the patient’s personal relationships and/or the obtainment of the nurse’s personal gain at the patient’s expense [22 TAC §217.1 (29)].

How can I meet my mandatory reporting obligation related to reporting a nurse?

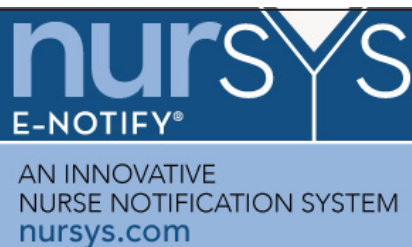
Answer: Depending on the circumstances there may be as many as three potential pathways for a report regarding a nurse. The report could potentially go to a nursing peer review committee (NPRC), directly to the Board of Nursing (BON) or potentially to the Texas Peer Assistance Program for Nurses (TPAPN).

Employers of eight or more nurses are required to establish a NPRC [NPA §303.0015 (a)(1)]. When the employer employs, hires, or contracts for eight or more nurses and at least four of those nurses are registered nurses (including advanced practice registered nurses) then the nursing peer review is for both LVNs and RNs (including advanced practice registered nurses) [NPA §303.0015 (a) (2)]. Each nurse is required to report when the nurse has reasonable cause to suspect that another nurse has engaged in conduct subject to reporting [NPA §301.402(b)(1)]. A nurse working for an employer required to have a NPRC may choose to meet the reporting requirement either by reporting to the BON or to the NPRC [NPA §301.402(e)(1)]. When the nurse makes the report to the NPRC, the nurse is required to be notified of the actions taken by or findings of the NPRC, must believe the NPRC made their determination in good faith, and must abide by the confidentiality requirements for peer review [22 Texas Administrative Code §217.19 (j)(1)].

A nurse may meet the reporting obligations by reporting directly to the BON. Employers and NPRC’s also have reporting requirements. There is information on the BON website (www.bon.texas.gov) in the *Discipline and Complaints* section with details about *How to File a Complaint*. This section of the website includes a description of the types of complaints received by the BON and links to complaint forms for individuals, NPRCs, and employers as well as directions for those who are unable to complete a complaint in writing.

In some circumstances a report may be made to TPAPN instead of to the BON. A report must be made to the BON when an impaired nurse commits a practice violation [NPA §301.410(b)]. However, the report may be made to TPAPN when there is not a practice violation by a nurse who is impaired or suspected of being impaired [NPA §301.410(a)].

In summary, nurses have options on how to report another nurse. A report can be made directly to the BON or a report can be made to a NPRC when an employer is required to have nursing peer review, or in specific situations, a report may be made to TPAPN. For further information please visit the BON website. For access to the NPA and Board Rules and Regulations please go to *Laws and Rules* and for information about complaints please go to *Discipline and Complaints*. For information about TPAPN, including reporting a nurse to TPAPN, please visit the TPAPN website: www.tpapn.org.



E-Notify for nurses is a free of charge innovative nurse licensure notification system. The system helps nurses track their license and discipline statuses and provides license renewal reminders. The information is provided as it is entered into the Nursys database by participating boards of nursing. For more information, visit: www.nursys.com/

Do You need to change your address?

Notification of change of address as required by Rule 217.7 can be completed by any of the following methods:

Mail: Texas Board of Nursing
333 Guadalupe, Suite 3-460
Austin, Texas 78701-3944

E-mail: changes@bon.texas.gov

Fax: (512) 305-7401

NOTE: Notification must be provided within 10 days of move

Notifications must include:

1. Name;
2. RN or LVN License Number;
3. Last four digits of Social Security Number;
4. Old and New Addresses; and
5. Primary State of Residence.



Notice to Employers Regarding the Enhanced Nurse Licensure Compact (eNLC)

On January 19th, 2018, Texas implemented the Enhanced Nurse Licensure Compact (eNLC). This action was pursuant to **House Bill 2950** by Representative Cindy Burkett that passed during the 2017 Texas Legislative Session. Passage of this bill amended the **Texas Nursing Practice Act, Texas Occupations Code, Chapter 304, Nurse Licensure Compact**, to allow Texas to enact and enter into the compact. The purpose of this article is to provide employers of nurses with updates regarding the eNLC that was implemented to improve patient care by allowing nurses to practice freely across state lines with one license.

The eNLC allows nurses to practice telehealth and to respond quickly in times of disaster without having to establish a separate license in each state. The eNLC is especially helpful to military spouses who in the past, have been burdened with having to apply for a new nursing license each time their family must relocate. Under the eNLC, the spouse's practice can continue seamlessly in any of the compact states. Currently, there are 30 states which are party to the compact. In June of 2018, Louisiana enacted eNLC legislation, which will bring the compact to 31 states. An additional 8 states have active eNLC legislation (IL, MA, MI, MN, NJ, NY, RH, & VT). Please note that the eNLC is a compact for registered nurses and vocational nurses only. Texas is not a party state of the **Advanced Practice Registered Nurse (APRN) compact**.

Texas Occupations Code, Sec. 304.0015, Article IV.(b) relating to Applications for Licensure in a Party State, sets forth that a nurse may hold a multistate license, issued by the home state, *in only one party (compact) state at a time*. The home state is the party state which is the nurse's primary state of residence. A multistate license issued by the home state serves as the basis for a privilege to practice in **all participating party states**. **Texas Occupations Code, Sec. 304.0015, Article VIII., relating to Rulemaking**, provides that rules and amendments adopted by the eNLC Commission shall become binding, which is reflected in **22 Texas Administrative Code, Rule 220.1 relating to Nurse Licensure Compact Eligibility and Compliance**. Current **Commission Rule 402.(3)** requires that a nurse shall not apply for a single state license in a party (compact) state while the nurse holds a multistate license in another party state. Therefore, it is inappropriate for an employer to mandate a nurse with compact licensure from a home state other than Texas to apply for a single state license in Texas.

However, a nurse holding a compact license who changes his or her primary state of residence to another party state must apply for licensure by endorsement with the new party state **when the nurse declares residency in the state**. In Texas, residency may be declared by one of the following methods:

1. A Texas driver's license;
2. A voter's registration reflecting a Texas address;
3. A federal income tax return declaring Texas residency;
4. A W-2 form indicating Texas as the state of residency; or
5. A Military Form No. 2058 (state of legal residence certificate), reflecting Texas as the legal residence.

Additional details can be found at: https://www.bon.texas.gov/forms_primary_state_of_residence_sworn_declaration.asp

In the event that a nurse establishes primary residence in Texas, the nurse must apply for Texas licensure by endorsement and declare Texas as the new primary state of residence.

A nurse who changes his/her primary state of residence from one party state to another party state may continue to practice under the existing multistate license while the nurse's application is processed and a multistate license is issued in the new state of residence. Once a multistate license is issued, the former multistate license issued by the prior home state will be deactivated in accordance with **rules adopted by the eNLC Commission**.

The **National Council of State Boards of Nursing** offers several additional resources, including **Frequently Asked Questions (FAQs)** related to the compact and even a **webinar** aimed for employers of nurses to help provide more clarity on the topic. For more information and updates, please visit: www.ncsbn.org/compacts.htm

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Application of the New Minor Incident Rule

The following table offers examples of four different medication errors by four different nurses to which the Minor Incident Rule will be applied.*

Practice Breakdown Description	Application of Board Rule 217.16
<i>Nurse A receives a medication from the facility's pharmacy with a custom drug label that obscures the original label from the manufacturer. Nurse A follows the usual procedure for safe medication administration, checking all of the "medication rights" and using the facility's medication scanning system. The patient has a mild reaction to the medication. Nurse A notifies the patient's physician and stabilizes the patient. It is later determined that the wrong medication was administered as the medication label from the pharmacy was incorrect.</i>	Nurse A's supervisor reviews the error to determine if it is a minor incident or needs to be reported to the NPRC or the Board. Because Nurse A's supervisor determines that Nurse A does not have any deficits in knowledge, judgment, skills, professional responsibility, or patient advocacy, the incident does not reach the level of a minor incident. After reviewing the nurse's conduct for contribution to the incident, the presence of factors beyond the nurse's control must be evaluated. In this instance, there were definitely "system issues" that led to the incident that need to be reported to the facility's patient safety committee. Nurse A's supervisor does not believe Nurse A has a pattern of practice that poses a risk of harm. After reviewing Board Rule 217.16, including subsection (h), that outlines conduct that must be reported, Nurse A's supervisor determines this error is less than a minor incident.
<i>Nurse B is assigned to pass medications to 30 patients and has a medication cart with the medications for all 30 patients. When administering medications to one patient, Nurse B fails to check the medication packaging carefully or use the scanning system, accidentally giving the wrong medication to the patient. Nurse B later notices the wrong medication was given to the patient and notifies the patient's physician. The physician orders Nurse B to monitor the patient for adverse reactions. The patient does not have any adverse reactions.</i>	Nurse B's supervisor reviews the error to determine if it is a minor incident or needs to be reported. A practice deficit exists because Nurse B failed to utilize the safety measures in place (the scanning system) and did not perform the proper medication checks before administering the medication. It is determined that the deficits can be addressed through remediation at the facility and a plan is developed and documented. Nurse B's supervisor does not find any factors beyond the nurse's control contributed to the incident. After reviewing the entire Minor Incident Rule, including §217.16(h), this error is determined to be a minor incident, is documented in accordance with §217.16(f), and maintained for a minimum of 12 months to monitor for a pattern of practice. Nurse B successfully completes the remediation plan developed by the supervisor.
<i>Nurse C works at a facility where patients reside for extended periods of time. Nurse C is familiar with the routine medications ordered for patients. On one of Nurse C's shifts, the medication scanning system and the electronic medical record are not functional for a two-hour period. It is during this time that Nurse C administers one of the patient's routine medications. When the computer system comes back online, Nurse C documents the medication administration and discovers that there was a recent medication dose change in the system from the patient's physician. Nurse C contacts the doctor and reports the dose error. There are no new orders received and the patient is stable without any negative effects. Nurse C also completes an incident report.</i>	Upon receiving the incident report concerning Nurse C's error, the supervisor reviews the incident to determine if it is a minor incident or if it needs to be reported to the NPRC or the Board. Nurse C's supervisor sees the event involved a dose error for a high-risk medication and assumes the error cannot be a minor incident because of the high risk of harm. Thus, the supervisor reports the nurse to the NPRC. The supervisor is not aware of any contributing factors beyond Nurse C's control. The NPRC conducts incident-based nursing peer review of Nurse C in compliance with Board Rule 217.19. The committee considers this incident and reviews the nurse's conduct during the previous 12 months in accordance with §217.19(i)(2). The committee reviews the Minor Incident Rule and determines the nurse's deficit in knowledge and skill contributed to the medication error. The NPRC concludes that the deficiencies identified are remediable. Also, during their fact-finding investigation, the NPRC discovers that Nurse C was unable to scan the medication because the medication scanning system was not operational at the time of the incident. No pattern of practice below the minimum standards was identified. The committee categorizes the error as a minor incident, and a remediation plan is developed and completed accordingly. Documentation is recorded in accordance with §217.16(f) and maintained for a minimum of 12 months to monitor for a pattern of practice. The contributing factor beyond the nurse's control (the inoperable medication scanning system) is reported to the CNO because the facility does not have a patient safety committee. The CNO develops a workgroup to address medication safety during "down time" and a new policy is implemented.

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Practice Breakdown Description	Application of Board Rule 217.16
<p><i>Nurse D has orders to administer an intravenous (IV) medication to a patient every eight hours. When Nurse D proceeds to hang the next dose of the medication, the medication bag will not scan using the facility's medication scanning system. After several failed attempts to get the new medication to scan, Nurse D retrieves the medication bag that was last administered from the trash can to scan the label on that medication bag, and it scans successfully. The patient has a moderate reaction. The next shift discovers the wrong medication hanging and notifies the charge nurse. Upon investigation of the incident by Nurse D's manager, Nurse D only admits to this conduct after initially trying to conceal it. Nurse D reluctantly admits to the supervisor that the medication would not scan, so the prior bag from the trash can was used to bypass the system and get the medication to scan.</i></p>	<p>Nurse D's supervisor reviews the error to determine if it is a minor incident or needs to be reported to the NPRC or the Board. Nurse D's supervisor determines that Nurse D has deficits in judgment, skill, professional responsibility, and patient advocacy that contributed to the error as Nurse D chose to circumvent the safety measures in place and did not readily accept responsibility for the error. Remediation may address the identified deficits; however, the conduct is determined to show Nurse D "ignored a substantial risk that exposed the patient to harm" and thus must be reported to the NPRC or the Board according to subsection (h) of the Minor Incident Rule. The NPRC at Nurse D's place of employment conducts incident-based nursing peer review in compliance with Board Rule 217.19. The committee considers this incident and reviews the nurse's conduct during the previous 12 months in accordance with §217.19(i)(2). The committee determines this error cannot be categorized as a minor incident and must be reported to the Board because Nurse D's actions exhibited a lack of judgment and conscientiousness that poses a risk of harm to patients, thus meeting the definition of conduct subject to reporting. The committee also determines the location of IV medications in the medication dispensing system was modified around the time of the incident. This is a contributing factor beyond the nurse's control and is reported to the patient safety committee. Though this "system factor" exists, it does not outweigh the fact that Nurse D has nursing practice deficits. The committee reports Nurse D to the Board in accordance with NPA §301.403(a) and Board Rule 217.19(i)(4)&(5).</p>

* All four instances involve a medication error, but the conduct of each nurse is different in each example. (Note: medication errors are used in these examples; however, other types of nursing practice breakdown may be considered a minor incident or meet the definition of conduct subject to reporting.)

Resources

To assist stakeholders with utilizing the new Minor Incident Rule, and at the request of NPAC, the Board developed a **Flow Chart for Determining if an Error is a Minor Incident** and a resource outlining individual **Nurse Responsibilities when an Error Occurs**, which are both available on the Board's website. Many other resources concerning minor incidents and nursing peer review, including answers to frequently asked questions (FAQs), are located on the Board's website; under the "Practice" menu on the homepage, select "Nursing Peer Review/Incident-Based and Safe Harbor".

Enhanced Nurse Licensure Compact (eNLC) Quick Update

Texas was among the first group of 29 states to implement the Enhanced Nurse Licensure Compact (eNLC) on January 19, 2018. On April 10, 2018, Kansas became the 30th state to pass eNLC legislation. Kansas will implement the eNLC on July 1, 2019. As of June 1, 2018, an additional eight states have pending eNLC legislation. For more information and updates, please visit: www.ncsbn.org/compacts.htm

